

Foster Family Home - Corrective Action Report

Provider ID: 1-190013

Home Name: Marilyn Martinez, CNA

91-1422 Maliko Street

Ewa Beach

HI 96706

Review ID: 1-190013-1

Reviewer: Angelica Galindo

Begin Date: 3/5/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person new CCFFH certification made on 3/05/19. Corrective Action Report issued during home inspection with all items due to CTA by 3/19/19.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No proof of confidentiality policies and procedures training for CG#2, HHM#1, HHM#2, HHM#3, & HHM#4.

Foster Family Home

Insurance Requirements

[11-800-51]

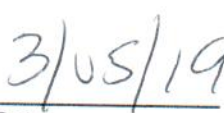
51.(a)(2) Automobile; and


Comment:

51.(a)(2) - PCG listed as driver for clients, does not meet the requirements for auto insurance of 100,000 bodily injury and 30,000 property damage.


Compliance Manager


Primary Care Giver


Date


Date

Written Plan of Correction for Deficiencies
Listed In Corrective Action Report
Chapter 17-1454

CCFFH Name: MARILYN R. MARTINEZ
CCFFH Address: 91-1422 MALIKO ST
EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
51.(a)(2)	PCG went to insurance office to obtain an additional auto insurance coverage to 100,000 bodily injury & 30,000 property damage. Coverage detail was placed into home binder.	3-5-19	always checked recent coverage detail & posted on file.
16.(b)(5)	HHM1, HHM2, HHM3, HHM4 were taught the confidentiality policies & signed the form. And form was filed in home binder	3-9-19	all new household member will receive this training 5 days of being added to the home.
	CS#2 was trained on confidentiality policies & signed the form. And signed form was placed on home binder	3-13-19	all caregivers will receive this training 3 days before being added to the home

Primary Caregiver's Signature: Marilyn

Print Name: MARILYN R. MARTINEZ

Date of Signature: 3-14-19